



Atty. Docket No. AVA01 P-301

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Art Unit : 2874
Examiner : Kevin S. Wood
Applicant : Marc G. Brun et al.
Appln. No. : 09/945,313
Filing Date : August 31, 2001
Confirmation No. : 2735
For : MULTIPLE-PORT OPTICAL PACKAGE AND DWDM
MODULE

Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

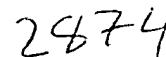
Dear Sir:

AMENDMENT

In response to the final Office Action mailed November 3, 2003, please amend this application as set forth below.


Amendments to the claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks begin on page 7 of this paper.



CERTIFICATE OF MAILING

1/12/04
Date


Rebecca A. Westers

Art Unit	:	2874
Examiner	:	Kevin S. Wood
Applicant	:	Marc G. Brun et al.
Appln. No.	:	09/945,313
Filing Date	:	August 31, 2001
Confirmation No.	:	2735
For	:	MULTIPLE-PORT OPTICAL PACKAGE AND DWDM MODULE

Dear Sir:

Transmitted herewith is an Amendment in the above-identified application.

Any fee for additional claims has been calculated as shown below:

CLAIMS AS AMENDED

	Col. 1		Col. 2	Col. 3	Small Entity		Other Than A Small Entity	
	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Add'l Fee	Rate	Add'l Fee
Total Claims	*18	Minus	**28	=00	x \$9	\$00	x \$ 18	\$00
Independent Claims	*03	Minus	***06	=00	x \$43	\$00	x \$ 86	\$00
First Presentation of Multiple Dependent Claims \$145						\$00	x \$290	\$00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						\$00		\$00

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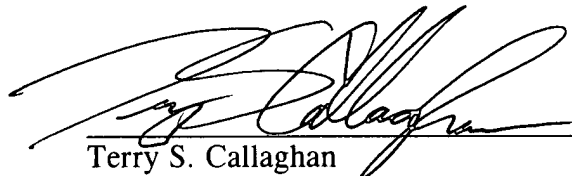
- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3
** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
*** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.
The "Highest No. Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

1. _____ Small entity status of this application 37 CFR §§1.9 and 1.27 has been established by a verified statement previously submitted or is enclosed.
2. x No additional fee is required.
3. _____ A check in the amount of \$_____ is attached.
4. x Please charge any additional fees or credit overpayment to Deposit Account No. 16 2463. A duplicate copy of this sheet is attached.

PRICE, HENEVELD, COOPER,
DEWITT & LITTON, LLP

Date

1-12-2004



Terry S. Callaghan
Registration No. 34 559
695 Kenmoor, S.E.
Post Office Box 2567
Grand Rapids, Michigan 49501
(616) 949-9610

TSC/rsw